## **CRUSH INJURY (A90)**

Crush Injury Syndrome is the systemic manifestation of muscle crush injury & cell death. Crush injury syndrome should be suspected in patients with an extensive area of involvement such as a lower extremity or pelvis. Also, the crushing force must be present for some time for crush injury syndrome to occur. The syndrome may develop after one hour in a severe crush situation, but usually takes 4 – 6 hours of compression.

	F	Е	Р	D
SECURE AIRWAY - As appropriate.	Χ	Χ	Χ	
PULSE OXIMETRY	Χ	Χ	Χ	
OXYGEN - As appropriate.	Χ	Χ	Χ	
ECG MONITOR - As soon as access allows.	Χ	Χ	Χ	
PRIOR TO RELEASE OF COMPRESSION				
VASCULAR ACCESS - IV/IO. Attempt at least 2 large bore IVs.				
Administer 250ml fluid boluses as indicated to a BP range of ≥90.				1
Reassess the patient after each bolus. Contact base for fluid orders			Χ	
if suspected uncontrolled hemorrhage or if BP cannot be				1
maintained after 2 liters have been infused.				
ALBUTEROL - Nebulizer using 2.5 mg. If patient is intubated,				1
administer dose through aerosol holding chamber. May repeat if			Χ	1
needed.				
*TRANEXAMIC ACID – 1gm in 100 cc of NaCl infused over 10 minutes			Χ	
AFTER RELEASE OF COMPRESSION				
CONTROL OBVIOUS BLEEDING	Х	Χ	Χ	
**CALCIUM CHLORIDE - For suspected hyperkalemia. 1 gm IV/IO				Χ
over 5 minutes, followed by 20 ml NS flush.				
**SODIUM BICARBONATE DRIP - For suspected hyperkalemia. Mix				Χ
100 mEq in 1000 ml NS wide open.				^
SPINAL MOTION RESTRICTION - If indicated.	Χ	Χ	Χ	
<b>POSITION</b> - Trendelenberg if tolerated. If long spine board is indicated,				1
tilt spine board 30°. If pt is >6 months pregnant place patient in left	Х	Χ	Χ	
lateral decubitus position.				
TRANSPORT - Per trauma triage protocol.	Χ	Χ	Χ	
DRESS & SPLINT - As needed.	X	Χ	Χ	

- \* TXA should be administered to trauma patients who meet the following criteria unless otherwise indicated:
- 1. Systolic BP of less than 90 mmHg.
- 2. Uncontrolled bleeding

## Refer to A 91 PAIN MANAGEMENT

Provider Kev

F = First Responder E = EMT

P = Paramedic D = Base Hospital Physician Order Required

EFFECTIVE: 08-01-2019

<sup>\*\*</sup> Hyperkalemia is suspected with compression ≥ 4 hours with an abnormal ECG (peaked "T" wave, absent "P" wave or widened "QRS").